



PLANNING & DEVELOPMENT SERVICES DEPARTMENT  
BUILDING & CODE REGULATIONS DIVISION  
2300 Virginia Ave  
Fort Pierce, FL 34982  
772-462-1553

## Application for a Administrative Variance from the Provisions of the St. Lucie County Land Development Code

Please complete the requested information below and submit all items to the St. Lucie County Code Compliance Division at the address listed above. The proper non-refundable application fee must accompany all applications or they will not be accepted for processing. For assistance in submitting the petition, please contact Zoning at 772-462-5296.

### Applicant's Information

1. Name: \_\_\_\_\_

2. Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

3. Location of Property Proposed for a Variance: \_\_\_\_\_

\_\_\_\_\_

4. Property Tax Identification Number (s): (attach extra sheets if necessary)

\_\_\_\_\_

5. I (we) do hereby petition the St. Lucie County Board Building Code Administrator for the following variance from the St. Lucie County Land Development Code. (State the variance # of ft )

\_\_\_\_\_

\_\_\_\_\_

6. What is the purpose of the proposed variance

\_\_\_\_\_

\_\_\_\_\_

7. State reasons why this variance will not be injurious to other property and/or improvements in the neighborhood in which the subject property is located.

\_\_\_\_\_

8. Please attach a diagram of the property showing the dimensions of the lot and all other dimensions necessary to understand this application.

For Office Use Only:  
Zoning \_\_\_\_\_ Future Land Use \_\_\_\_\_

**Special Notice**

**(Please read before signing acknowledgments below)**

Submission of this application does not constitute the granting of a Variance. All appropriate requirements must be met prior to this project being presented for approval to the appropriate authority. St. Lucie County reserves the right to request additional information when necessary for a complete review of this Variance application.

**Acknowledgments**

**Applicant Information (Property Developer):**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Phone:** \_\_\_\_\_

**Agent Information:**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Phone:** \_\_\_\_\_

**Property Owner Information:**

**This application will not be considered complete without the notarized signature(s) of all property owner(s) of record which shall serve as an acknowledgment of the submission of this application for a Variance. The property owner(s) signature(s) below shall also serve as authorization for the above applicant or agent to act on behalf of said property owner.**

\_\_\_\_\_  
**Property Owner Signature**

**Mailing address:** \_\_\_\_\_  
\_\_\_\_\_

**Phone:** \_\_\_\_\_

\_\_\_\_\_  
**Print Property Owner's Name & Address**

\_\_\_\_\_

\_\_\_\_\_

State of Florida  
County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_,

by \_\_\_\_\_, who is personally known \_\_\_\_\_ to me or who has produced

\_\_\_\_\_ as identification.

\_\_\_\_\_  
**Signature of Notary**

\_\_\_\_\_  
**Type or Print Name of Notary**

**Title:** Notary Public

**Commission Number** \_\_\_\_\_

**(Seal)**